

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000588

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 53

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. Cape Girardeau Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 18 days	c. CITY OR TOWN Benton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 blocks W. HiWay # 61
3. NAME OF DECEASED (Type or print) First Victor Middle Mike Last Bollinger		4. DATE OF DEATH Month Jan. Day 18 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 27, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	9. AGE (last birthday) 75
11a. FATHER'S NAME John Bollinger		11b. MOTHER'S MAIDEN NAME Mary Blattel	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		13b. SOCIAL SECURITY NO. [REDACTED]	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis		15. NAME OF HUSBAND OR WIFE Clementine H. Bollinger	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Generalized arteriosclerosis		16. ADDRESS Mrs. C. H. Bollinger Benton, Mo.	
DUE TO (c) _____		17. INFORMANT Mrs. C. H. Bollinger	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Cape Girardeau, Mo.	
21. I attended the deceased from 1-1-63 to 1-18-63 and last saw her alive on 1-18-63		22. ADDRESS 230 N. Sprigg St.	
Death occurred at 10/30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 1-22-63	
22a. SIGNATURE J. H. K. [Signature]		22b. ADDRESS 230 N. Sprigg St.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-21-1963	23c. NAME OF CEMETERY OR CREMATORY St. Denis Cath. Cemetery	23d. LOCATION (City, town, or county) Benton, Mo.
24. FUNERAL DIRECTOR Ford & Sons		25. DATE RECD. BY LOCAL REG. 1-24-1963	
ADDRESS Benton, Mo.		26. REGISTRAR'S SIGNATURE [Signature]	

Keim
FEB 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.